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08/02/2004

YOUNG & THOMPSON 745 SOUTH 23RD STREET 2ND FLOOR ARLINGTON, VA 22202

10/28/2004 NNGUYEN2 00000028 10602060

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1	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
,	10/602,060	06/24/2003	Ugo Amaldi	2527-1008	1179

TITLE OF INVENTION: LINAC FOR ION BEAM ACCELERATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEI	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	<del>-\$665-</del> ,	\$685	\$300	<del>-\$965</del> \$985	11/02/2004
EXAMINER PHILOGENE, HAISSA		ART UNIT 2828		CLASS-SUBCLASS		
				315-505000		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, list mes of up to 3 registered paten OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.	nt attorneys 1 YOUNG nember a 2 es of up to	G & THOMPSON

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Fondazione per Adroterapia

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Novara (NO), Italy Oncologica - TERA Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual a corporation or other private group entity governm 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): X Issue Fee A check in the amount of the fee(s) is enclosed. M Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 25-0120 (enclose an extra copy of this form). ☐ Advance Order - # of Copies if necessary 5. Change in Entity Status (from status indicated above) □ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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(Date)

October 27, 2004

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